Sairaala Nova

A QUESTIONNAIRE ON PELVIC FLOOR MUSCLE TRAINING AND DYSFUNCTION AFTER CHILDBIRTH

I BACKGROUND FACTORS

1. Height_____

2. Weight_____ (at present)

3. Has your health in general been (tick the most applicable option)
   - □ Excellent
   - □ rather good
   - □ good
   - □ satisfactory
   - □ poor

4. Was your delivery
   - □ Vaginal delivery
   - □ assisted vaginal delivery (vacuum extraction delivery)
   - □ cesarean section

5. Are you currently breastfeeding
   - □ Yes, I am still breastfeeding
   - □ no, my breastfeeding ended after____ weeks
   - □ I have not breastfed at any time

6. Postnatal smoking (if your answer is “Not at all”, skip to item 8)
   - □ Not at all
   - □ occasionally, a few times a year
   - □ regularly, every day

7. If regularly, then how many cigarettes per day
   - □ Under 10
   - □ 10 - 20
   - □ 21 - 30
   - □ over 30

8. Postnatal use of alcohol. How often do you drink beer, wine or other alcoholic beverages
   - □ Never
   - □ about once a month or less often
   - □ 2 - 4 times a month
   - □ 2 - 3 times a week
   - □ 4 or more times a week

II POSTNATAL PHYSICAL ACTIVITY

9. How often have you engaged in physical exercise during the past month (tick the best option)
   - □ At least 6 times a week
   - □ 3 - 5 times a week
   - □ 1 - 2 times a week
   - □ a few times a month
   - □ once a month or less

10. During the past month, how strenuous has the physical exercise you have engaged in been (tick the most applicable option)
   - □ Extremely strenuous, high-intensity exercise, inducing breathlessness and heavy sweating. Competitive sports
   - □ intensive exercise inducing breathlessness and sweating
   - □ moderately intensive exercise, such as brisk walking
   - □ light-intensity exercise
   - □ very light-intensity exercise

11. How long have your bouts of physical exercise usually lasted during the past month (tick the best option)
   - □ Longer than 30 min
   - □ 20 - 30 min
   - □ 10 - 19 min
   - □ under 10 min

12. What types of physical exercise have you engaged in since giving birth (write on the blank lines below the three types you have most engaged in)
   a) The type of exercise you have most often engaged in _____
   b) the type of exercise you have second most often engaged in _____
   c) the type of exercise you have third most often engaged in _____

III GUIDANCE ON PELVIC FLOOR MUSCLE TRAINING AFTER THIS CHILDBIRTH

13. Did you receive guidance on pelvic floor exercises after this childbirth

	Yes	**No**
a) Verbally	☐	☐
b) in writing	☐	☐
c) as practical training	☐	☐
d) no guidance at all (skip to item 17)	☐	☐

14. From whom did you receive guidance on pelvic floor exercises **after this childbirth** (tick applicable alternatives)

	verbally	**in writing**	**as practical training**
a) From my own maternity clinic/midwife	☐	☐	☐
b) from my own doctor at the maternity clinic	☐	☐	☐
c) from a physiotherapist at my local clinic	☐	☐	☐
d) from a midwife in the hospital maternity ward	☐	☐	☐
e) from a doctor in the hospital maternity ward	☐	☐	☐
f) in connection with family guidance	☐	☐	☐
g) from some other. Who? _____	☐	☐	☐

15. How did you test your pelvic floor muscles during guidance (tick applicable options)

	midwife/healthcare nurse	**doctor**	**physiotherapist**
a) Finger test	☐	☐	☐
b) pressure gauge	☐	☐	☐
c) electromyography biofeedback	☐	☐	☐
d) other, if so, what? _____	☐	☐	☐

16. Did your pelvic floor exercises include

	Yes	**No**
a) Exercises designed to familiarize you with the pelvic floor muscles	☐	☐
b) activation/contraction of the pelvic floor muscles in effortful situations (e.g., coughing, sneezing, lifting heavy objects)	☐	☐
c) pelvic floor exercises linked to hobby activities	☐	☐
d) pelvic floor exercises linked to routine daily activities	☐	☐
e) relaxation of the pelvic floor muscles	☐	☐

IV PELVIC FLOOR EXERCISES TO BE PERFORMED AT HOME AFTER THIS CHILDBIRTH

17. Did you perform pelvic floor exercises after this childbirth
- □ Not at all -> skip to item 20
- □ daily
- □ 2 - 3 times a week
- □ once a week
- □ occasionally

18. How did you perform postnatal pelvic floor exercises (tick applicable options)
    - □ Lying on my back
    - □ sitting
    - □ standing
    - □ in connection with effortful situations (e.g., coughing, sneezing, lifting objects)
    - □ while walking
    - □ when engaging in hobby activities
    - □ when doing routine daily tasks
    - □ with vaginal Kegel balls

19. Which mode of instruction on pelvic floor muscle training best supported your exercising independently at home
    - □ Verbal instructions
    - □ written instructions
    - □ practical training

20. If you haven't done pelvic floor exercises after this childbirth, tick the reason(s) that apply to you
    - □ I don't know what pelvic floor muscle training means
    - □ I'm afraid to perform pelvic floor exercises
    - □ I don't know how to perform pelvic floor exercises
    - □ I feel pain in the pelvic area
    - □ I consider the idea of pelvic floor muscle training unpleasant
    - □ I don't think pelvic floor muscle training is necessary because _____ _____
    - □ Is there any other reason? _____

V PELVIC FLOOR DYSFUNCTION AFTER THIS CHILDBIRTH

21. How often did you experience urinary incontinence

		never	once a week	2-3 times a week	once a day	several times a day
a)	During the last stages of pregnancy	☐	☐	☐	☐	☐
b)	immediately after childbirth	☐	☐	☐	☐	☐
c)	during the past week	☐	☐	☐	☐	☐

22. Since this childbirth, have you experienced urinary incontinence linked to effortful situations such as coughing, sneezing, laughing, lifting objects or physical activities such as running and jumping
    - □ Yes
    - □ No

23. On a scale of 0 - 10, how much trouble does your urinary incontinence cause you
(0 = no trouble at all, 10 = extremely troublesome)
□ 0 □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10

24. Are you able to stop the flow of urine
□ Yes
□ No

25. Have you experienced fecal/anal incontinence since this childbirth
□ Yes
□ No

26. If you have experienced fecal/anal incontinence since this childbirth

		never experienced	less than once a month	monthly	weekly	daily
a)	Are the stools that escape firm/hard /solid	☐	☐	☐	☐	☐
b)	Are the stools that escape loose	☐	☐	☐	☐	☐
c)	Does air/gas escape from your bowel	☐	☐	☐	☐	☐
d)	Do you use incontinence pads for fecal/anal incontinence	☐	☐	☐	☐	☐
e)	Does your fecal/anal incontinence interfere with your quality of life and your social life	☐	☐	☐	☐	☐

27. On a scale of 0 - 10, how much trouble does your fecal/anal incontinence cause you
(0 = no trouble at all, 10 = extremely troublesome)
□ 0 □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10

28. On a scale of 0 - 10, how much trouble does your involuntary release of bowel gas cause you
(0 = no trouble at all, 10 = extremely troublesome)
□ 0 □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10

29. Constipation and difficulty in defecation

	Yes	No
a) After this childbirth, have you experienced difficult in emptying your bowel	☐	☐
b) Have you used laxatives to treat constipation after this childbirth	☐	☐
c) Since this childbirth, have you had to assist defecation by exerting pressure on the vaginal wall or by digging with your fingers	☐	☐

30. On a scale of 0 - 10, how much trouble does your constipation/difficulty defecating cause you
(0 = no trouble at all, 10 = extremely troublesome)
□ 0 □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10

31. After this childbirth, have you experienced pain in or around the vulva
    □ Yes
    □ No

32. On a scale of 0 - 10, how much trouble has vulvar pain caused you
    (0 = no trouble at all, 10 = extremely troublesome)
    □ 0 □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10

33. After this childbirth, have you experienced a burning sensation during intercourse
    □ Yes
    □ No

34. On a scale of 0 - 10, how much trouble has this burning sensation caused you
    (0 = no trouble at all, 10 = extremely troublesome)
    □ 0 □ 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ 7 □ 8 □ 9 □ 10

35. If you experienced pelvic floor dysfunction and engaged in pelvic muscle training during pregnancy or after childbirth, did this reduce your pelvic floor dysfunction with respect to

		not at all	**a little/slightly**	**moderately**	**a lot**	**cured it completely**
a)	urinary incontinence	☐	☐	☐	☐	☐
b)	fecal/anal incontinence	☐	☐	☐	☐	☐
c)	pain in vulva	☐	☐	☐	☐	☐
d)	experiencing a burning sensation during intercourse	☐	☐	☐	☐	☐

Thank you for your answers!